

INCIDENT REPORT

Form 8

1160-25-56

Revised 12/17

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Distraction of Property		Attempt <input type="checkbox"/>	2 Complaint Number 9-191007765
3 Location of Offense / Incident (Exact Street Address) 700 Washinton Blvd.		Page 1 of 2	
4 Date / Time Occurred 10/23/19 1402hrs		5 Date / Time Reported 10/23/19 1405hrs	
11 Location Given by Dispatcher Same as 3		12 Companion Report No.	
18 Describe Location of Offense or Type of Premise City Street		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

☐ Person ☐ Property ☐ Vehicle ☐ Miscellaneous

Domestic Related ☐ Gang Related ☐ Juvenile Related ☐ Hate Crime ☐ Investigative Stop ☐

6 Unit 9B31	7 Post of Occurrence 931	8 Reporting Area	9 Street Code	10 CAD Number 2275
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	15 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16 Crime Code	17 Crime Classification

20 Complainant/Victim Name (Last, First, MI), or Firm Name if Business [Redacted]		Residence / Address (Include City, County, State, Zip) [Redacted]		Age 45	DOB [Redacted]	Height [Redacted]	Weight [Redacted]	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Race: <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander Native <input type="checkbox"/> Other - Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Unknown		Limited English Proficient? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Primary Language		How did officer proceed? <input type="checkbox"/> Lang. Line <input type="checkbox"/> Professional Interpreter <input type="checkbox"/> Qualified Bilingual Member		
Where Employed or School Attending (Include City, County, State, Zip)		Occupation		Hours of Employment		Residence Phone		Other Phone
21 Injuries and Location on Body		Victim's Condition		Victim Hospitalized Facility <input type="checkbox"/> Yes <input type="checkbox"/> No		22 Victim / Assailant Relationship		23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No

24 Reporting Person Name (Last, First, MI) Same as 20	Sex [Redacted]	Race [Redacted]	Age [Redacted]	DOB [Redacted]	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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25 Witness Parent/Guardian <input type="checkbox"/> <input type="checkbox"/>	Name (Last, First, MI) [Redacted]	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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26 Suspect Name (Last, First, MI) Unk		Address (Include City, County, State, Zip)		Age [Redacted]	DOB [Redacted]	Height [Redacted]	Weight [Redacted]	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Race: <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other - Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Unknown		Limited English Proficient? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Primary Language		How did officer proceed? <input type="checkbox"/> Lang. Line <input type="checkbox"/> Professional Interpreter <input type="checkbox"/> Qualified Bilingual Member		
Complexion Dark brown		Hair Color/Length/Style short		Hat [Redacted]		Eyes [Redacted]		Facial Hair [Redacted]
Pants grey sweatpants		Shoes black sneakers		Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)		Shirt/Coat black hoodie		Arrest Number

27 Trademarks of Suspect(s) (Action / Conversation) struck vehicle with squeegee		28 Point of Entry N/A	29 Location Last Seen Washington and MIK	30 Manner of Escape On foot	31 Direction of Escape Unk
32 Weapon / Means of Attack squeegee		33 Method Used to Commit Crime Hands	34 Type of Property Taken N/A	35 Total Loss Value Unk	

36 Vehicle Information <input type="checkbox"/> Suspect <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other		Tag Number [Redacted]	State FI	Expiration 6/20	Vehicle Year 2018	Make BMW	Model X5	Body Style SUV	Color Blk	Mileage
Vehicle Identification Number (VIN) [Redacted]		Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Spare Tire in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	

37 Registered Owner Name (Last, First, MI) Same as 20		Sex [Redacted]	Race [Redacted]	Age [Redacted]	DOB [Redacted]	Address (Include City, County, State, Zip)	
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38 Recovered by		39 Method of Theft	40 Evidence of Stripping / Tampering		41 Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
44 Tow Information Location Towed From [Redacted]		Location Towed To [Redacted]	Towed by [Redacted]		Tow Truck Operator Signature [Redacted]		

45 Detective Notified Det. Ott		Sequence No. G908	Assignment SD-DDU	Unit Number 3826	Date 10/23/19	Time 1500hrs	46 Medical Examiner Notified [Redacted]	Date [Redacted]	Time [Redacted]
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47 Crime Lab Technician Name		Unit Number	Time	48 Hot Desk Person Notified		Time
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49 Communications Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50 Citywide Broadcast <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time	51 Victim Assistance/Incident Information Explain 309 Form Form(s) Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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52 Copies Forwarded To	
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Cont'd Section	Narrative (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property list property inventory number(s) when applicable. (3) Describe details of incident, include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.	
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1 On 10/23/19 at 1405hrs this officer responded to Washington and Martin Luther King Blvd for a discharge. Upon arrival this officer spoke with [Redacted] who stated she discharged her registered firearm. Investigation revealed [Redacted] was traveling down Martin Luther King Blvd when she came to the intersection at Washington Blvd. While sitting at the light a group of squeegee kids surrounded her vehicle spraying fluid all over her windshield and demanding money. [Redacted] was scared because the group was real aggressive and started striking her vehicle with squeegees causing damages. She couldn't drive off without running them over, so [Redacted] then reached into her purse that was next to her and pulled out her registered firearm and sat it on her lap as she was telling the group to back away from her car. One of the members of the group then reached into her passenger side window and grabbed her right wrist, which was the hand she was holding the firearm in. A little struggle occurred which caused [Redacted] discharge the firearm into the [Redacted].		Property Damaged BMW X5 tag [Redacted] (scratches to passenger door and rear bumper)	Unk
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53 Reporting Officer Name (PRINT CLEARLY) P/O Watson, C		Sequence No. J176	Assignment SD	Signature Cejus Watson
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54 Approving Supervisor Rank and Name [Redacted]		Sequence No. F158 SD DDU	Assignment [Redacted]	Signature [Redacted]
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55 RMS Data Entered By	Sequence No.	Date	Time	56 Reviewer	57 Referred To
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REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Distraction of Property		Attempt <input type="checkbox"/>	2 Complaint Number 9-191007765
3 Location of Offense / Incident (Street Address, Zip) 700 Washinton Blvd.		Page 2 of 2	
4 Date / Time of This Report 10/23/19 1405hrs		5 Arrest / Custody Number	
11 Original Report Date / Time 10/23/19 1405hrs		12 Offense / Incident Changed From	
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed		14 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No	15 Case Disposition <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No		17 Crime Code	18 Crime Classification

☒ Continuation ☐ Follow Up

Person ☐ Property ☐ Miscellaneous ☐ Vehicle ☐ Missing Person ☐ Custody ☐

6 Unit
9B31

7 Post of Occurrence
931

8 Reporting Area

9 Street Code

10 CAD Number
2275

13 Case Status
☒ Open ☐ Closed

14 Multiple Clearance
☐ Yes ☐ No

15 Case Disposition
☐ Cleared ☐ Not Cleared

Explain

19 Complainant / Victim Name (Last, First, MI) or Firm Name if Business
[REDACTED]

Residence / Address (Include City, County, State, Zip)
[REDACTED]

Sex
F

Age
45

Race
☒ Black ☐ White ☐ Asian or Pacific Islander ☐ Native American/Alaskan Native ☐ Other

Gender
☐ Male ☒ Female

Ethnicity
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

20 Copies Forwarded To
[REDACTED]

Conf'd Sections
Narrative (1) Continuation of any preceding items. (2) Property Listing: to include property taken and seized/submitted evidence/property list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report, include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications including name, agency or assignment, unit number, telephone number, date. (5) Recommend case status when applicable. (6) If Multiple Clearance include all affected complaint/case numbers.

passenger seat of her vehicle. Once the firearm went off, the group fled in different directions. [REDACTED] then contacted police and stood by till officers arrived. Once on scene an area canvas was conducted for the group in question, but the canvas came back negative. [REDACTED] was then transported to Southern District DDU to be interviewed. [REDACTED] firearm was seized and submitted to ECU after Det. Ott verified her gun permits with Mike Barkley of the State Police Gun Center.

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature Date

22 Reporting Officer Name (PRINT CLEARLY)
P/O Watson, C.

Sequence No.
J176

Assignment
SD

Signature
Cejus Watson

23 Approving Supervisor Rank and Name
KS. J. [REDACTED]

Sequence No.
F758

Assignment
SD ODU

Signature
[REDACTED]

24 RMS Data Entered By
[REDACTED]

Sequence No.
[REDACTED]

Date
[REDACTED]

Time
[REDACTED]

25 Reviewer
[REDACTED]

26 Referred To
[REDACTED]

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK